

FILED MAY 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318State File No. 16531
Registrar's No. 4023

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.	
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 2168 16 3437 Dunica	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place)		d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hospital		e. STREET ADDRESS (If rural, give location) 2168 16 3437 Dunica	
3. NAME OF DECEASED (Type or Print) Cynthia		a. (First) b. (Middle) c. (Last) Cheney		4. DATE OF DEATH (Month) (Day) (Year) May 5 1955			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Aug 24 1894	
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clark Famous Barr		11. BIRTHPLACE (State or foreign country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Funk		13b. MOTHER'S MAIDEN NAME Sophia Cowan		14. NAME OF HUSBAND OR WIFE Harold (Deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If you give war or dates of service) No		17. INFORMANT'S SIGNATURE OR NAME Robert Risse		ADDRESS 3652 Marcelene	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Metastatic Ca Lung & pleura</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Carcinoma of Thyroid</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>6 mo</i>	
19a. DATE OF OPERATION <i>Mar 65</i>		19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Thyroid</i>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>194X</i>			
22. I hereby certify that I attended the deceased from <i>Feb. 5</i> 19 <i>55</i> , to <i>May 5</i> , 19 <i>55</i> , that I last saw the deceased alive on <i>5-5-55</i> , 19 <i>55</i> , and that death occurred at <i>12:45A</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>A. Repetto</i>		(Degree or title) <i>MD</i>		23b. ADDRESS <i>405 University Club Bldg.</i>		23c. DATE SIGNED <i>5/5/55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <i>5/5/55</i>		24c. NAME OF CEMETERY OR CREMATORY <i>S.S. Peter & Paul</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>	
DATE REC'D BY LOCAL REG. MAY 6 1955		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Wm Schumacher</i>		ADDRESS <i>3013 Meramec</i>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Jack H. H. H.

Licensed Embalmer No. *4746*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.